



UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents  
United States Patent and Trademark Office  
Washington, D.C. 20231  
www.uspto.gov

DR. RONALD D. ROTHCHILD, SC.D.  
33 LAURIE BOULEVARD  
BETHPAGE, NEW YORK 11714

COPY MAILED

In re Application of  
RASTEGAR, JAHANGIR S., *et al.*  
Application No. 09/517,434  
Filed: 03/02/2000  
Attorney Docket No. 13285

SEP 15 2000

SPECIAL PROGRAMS OFFICE  
DAC FOR PATENTS

Dear Dr. Rothchild:

You are named as a joint inventor in the above identified United States patent application, filed under the provisions of 35 U.S.C. 116 (United States Code), and 37 C.F.R. §1.47(a) (Rules of Practice in Patent Cases). Should a patent be granted on the application you will be designated therein as a joint inventor.

As a named inventor you are entitled to inspect any paper in the file wrapper of the application, order copies of all or any part thereof (at a prepaid cost per 37 C.F.R. §1.19) or make your position of record in the application. Alternatively, you may arrange to do any of the preceding through a registered patent attorney or agent presenting written authorization from you. If you care to join the application, counsel or record (see below) would presumably assist you. Joining in the application would entail the filing of an appropriate oath or declaration by you pursuant to 37 C.F.R. §1.63.

Telephone inquiries regarding this communication should be directed to Petitions Attorney Scott M. Ledford at 703-306-5593. Requests for information regarding your application should be directed to the File Information Unit at 703-308-2733. Information regarding how to pay for and order a copy of the application, or a specific paper in the application, should be directed to Certification division at 703-308-9726 or 1-800-972-6382 (outside the Washington, D.C. area).

Beverly M. Flanagan  
Supervisory Petitions Examiner  
Office of Petitions  
Office of the Deputy Assistant Commissioner  
for Patent Policy and Projects

cc: PAUL J ESATTO JR  
SCULLY SCOTT MURPHY & PRESSER  
400 GARDEN CITY PLAZA  
GARDEN CITY, NY 11530

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>9-9-00</u>		2 Serial/Patent # <u>09/517434</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT					
	Filing			\$ <u>645</u>					
	Amendment			\$					
	Extension of Time			\$					
	Notice of Appeal/Appeal			\$					
	Petition			\$					
	Issue			\$					
	Cert of Correction/Terminal Disc.			\$					
	Maintenance			\$					
	Assignment			\$					
	Other			\$					
		7 TOTAL AMOUNT OF REFUND		\$ <u>645</u>					
10 REASON:  <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):		8 TO BE REFUNDED BY:							
		<input type="checkbox"/> Treasury Check							
		Credit Deposit A/C #:							
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> </tr> </table>			1	9	--	1	0
1	9	--	1	0	1	3			
<u>Small Entity Submitted with missing part response</u>									
11 REFUND REQUESTED BY: <u>E. Nimmer</u>									
TYPED/PRINTED NAME: <u>E. Nimmer</u>			TITLE: <u>LIE</u>						
SIGNATURE: <u>E. Nimmer</u>			PHONE: <u>308-9493</u>						
OFFICE: _____									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: _____ DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*